PI 000070181

<u>:</u> (Re	equestor's Name)			
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Amend CC Mailpulis

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Data Pos, BER: P1100007018	Inc 31				
	of Amendment and fee are s					
Please return all corre	spondence concerning this ma	atter to the following:				
	Javier Rodriguez	<u>.</u>				
		Name of Contact Person	n			
	Data Pos, Inc					
		Firm/ Company				
	1512 SW 193 Av	⁄е				
		Address				
	Pembroke Pines	, FL 33029				
		City/ State and Zip Cod	e			
jav	ierlrod@data-pos	.com				
		sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
Javier Rodrig	jueż ^{i.}	at (786	, 472-5918			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Data Pos, Inc			
	s currently filed with the	Florida Dept. of State)	
P11000070181			
(Docume	ent Number of Corporation	(if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
	nation "Corp." "Inc," or	ion," "company," or "incorporated" or i "Co". A professional corporation name i "P.A."	the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	_
			— 3.8 — — — — — — — — — — — — — — — — — — —
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	SECRETARY OF COPYISION OF COPYI
D. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the	
Name of New Registered Agent	Javier Rodrigue	— ⊖z	
Name of their registered rigent	1512 SW 193	Ave	
		street address)	
New Registered Office Address:	Pembroke Pine	, rioriua	
	(City	y) (Zip Code	<i>e)</i>
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		with and accept the obligations of the posit	ion.
Si	gradure by the Magistered	Agen, y changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address				
1) Change	D	Cristina Somoza	1512 SW 193 Ave				
Add			Pembroke Pines, FL 33029				
Remove							
2) Change	<u>P</u>	Javier Rodriguez	1512 SW 193 Ave				
Add			Pembroke Pines, FL 33029				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
[]							
6) Change							
Add							
Remove							

N/A	***************************************	ets, ij necessi	ary). (Be	e specific)				
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If an ai	mendment pro	ovides for an	exchange amendme	<u>, reclassificent if not co</u>	ation, or car	ncellation of	issued share nt itself:	<u>s,</u>
provis	mendment pro sions for imple f not applicable	ementing the	amendme	, reclassificent if not co	ation, or cal	ncellation of he amendme	issued share nt itself:	<u>s,</u>
provis (<i>ij</i>	ions for imple	ementing the	amendme	, reclassific ent if not co	ation, or cal	ncellation of ne amendme	issued share nt itself:	<u>s</u> ,
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provis (<i>ij</i>	ions for imple	ementing the	amendme	, reclassific	ation, or cal	ncellation of the amendme	issued share nt itself:	<u>S</u> ,
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provis (<i>ij</i>	ions for imple	ementing the	amendme	, reclassific	eation, or cal	ncellation of he amendme	issued share nt itself:	<u>S</u> ,

The date of each amendmen date this document was signed	t(s) adoption: NOV 18, 2013	, if other than the
Effective date if applicable:	 Nov 18, 2013	
Effective date mappineasie.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated/	118V13	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court provinted fiduciary by that fiduciary) Saying Rodnigues (Typed or printed name of person signing)	_
	(Title of person signing)	